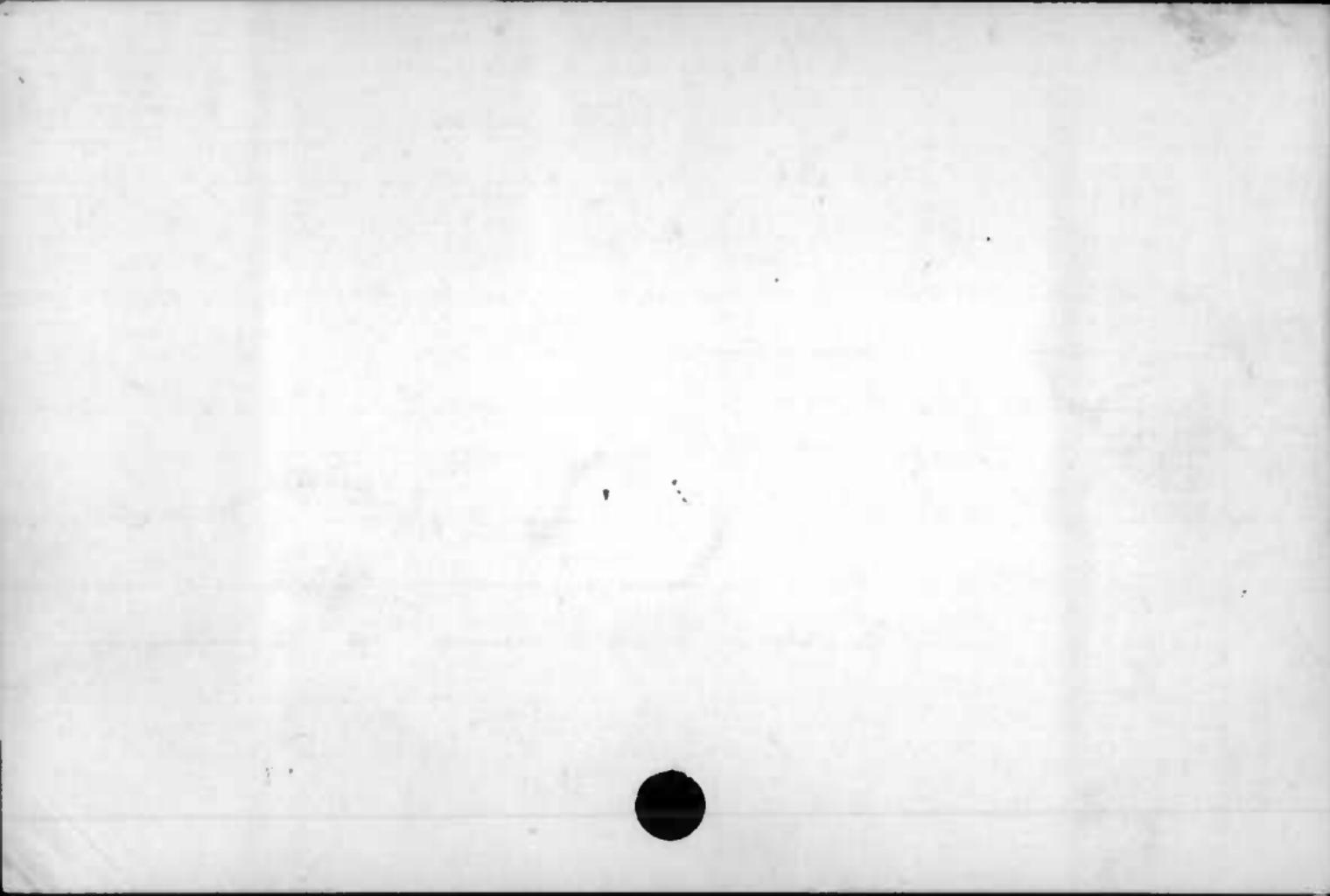


Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u>		Town	County <u>Hicoma</u>		MARYLAND	
Date of death <u>1907 Nov 30</u>	Month	Day	Age <u>57</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Maryland</u>				
Occupation <u>Mariner</u>	Where Residing If not at place of death <u>Martha Corson</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Martha Corson</u>	Father's Birthplace <u>Unknown</u>				
Father's Name <u>Lee Adams</u>	Mother's Birthplace					
Mother's Maiden Name <u>Belsey Adams</u>	How related to deceased <u>wife</u>					
Name of person giving Information <u>Martha Adams</u>						
CAUSES OF DEATH						
Primary <u>Luis</u>	How long <u>64</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">64</span>					
Immediate <u>Cerebral Hemorrhage</u>	How long <u>go yrs -</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">go yrs -</span>					
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician				
Address	Address <u>M. B. B. M. D.</u>					
BR.	Accident or Suicide? <u>No</u>					



Name  
In  
Full

Lorraine Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	Sept.	18	18	—	—	
Sex	Male	Color or Race	Colored	Birth-place	Da	
Occupation	Farm hand		Where Residing if not at place of death	Nassawango Va		
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Birthplace	Da	
Father's Name	Henry Bailey		—	Mother's Birthplace	Va	
Mother's Maiden Name	Caroline Bailey		—	How related to deceased	Va	
Name of person giving information	Walter Bailey		Brother			

CAUSES OF DEATH

Primary

Gun. shot wound to the lung

166

How long

2-1 days

Immediate

Pyrexia

How long

7-10 days

Are the name, age, sex, color, date and place correctly given above?

S. f. g. w

Signature of Physician

Address

D. W. D. D. L.  
Salisbury, Md

obtainable

Accident

Accident

OR CORONER

U



Name  
in  
Full

Virginia L Barclay

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jesse N. Barclay		Father's Birthplace	Nanticoke	
Mother's Maiden Name	Frances Nasley		Mother's Birthplace	Wye Haven	
Name of person giving information	Florence E Barclay		How related to deceased	Sister	

CAUSES OF DEATH

9

How long

Primary

Diphtheria

4 da

Immediate

Tuberculosis

24 hrs

Are the name, age, sex, color, date and place correctly given above?

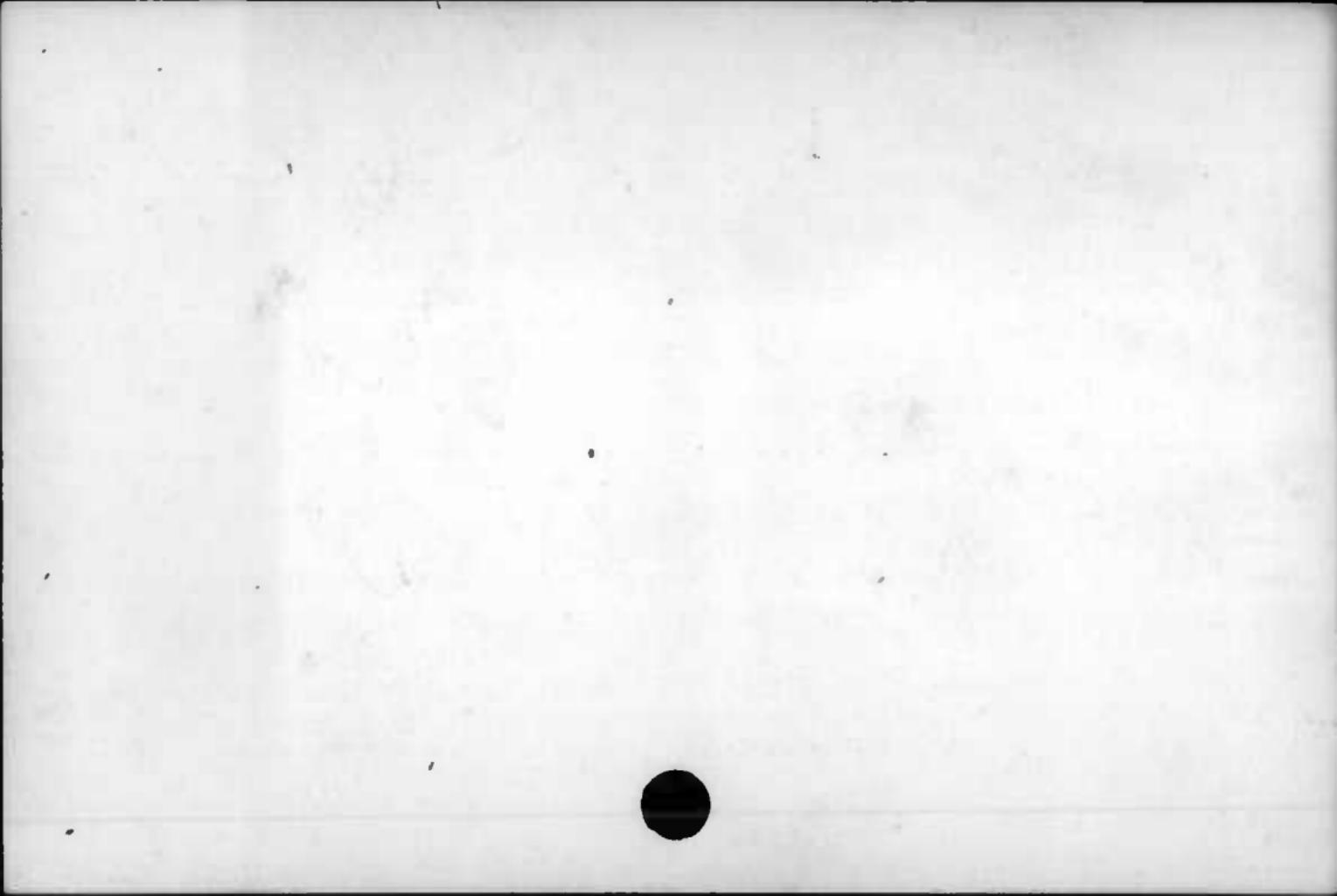
Signature of Physician

Address

J. P. Fisher, M.D.  
Nanticoke, Md.  
Hancock Co.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Sallie May Brittingham

## CERTIFICATE OF DEATH

Town	County		MARYLAND		
Died at Near Powellville	Month Nov.	Day 12 <sup>th</sup>	Years 4	Months 6	Days 5 <sup>1</sup>
Date of death 1907	Age				
Sex Female	Color or Race White	Birth- place Near Powellville			
Occupation None	Where Residing if not at place of death None				
Married, Single or Widowed Single	Name of Wife or Husband None				
Father's Name Mitchell M. Brittingham	Father's Birthplace Near Berlin Md.				
Mother's Maiden Name Sallie M. Pruitt	Mother's Birthplace Near Powellville Md.				
Name of person giving Information Mitchell M. Brittingham	How related to deceased Father				

## CAUSES OF DEATH

167

Primary

Burst in 3<sup>d</sup> degree

How long

Immediate

Shock

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

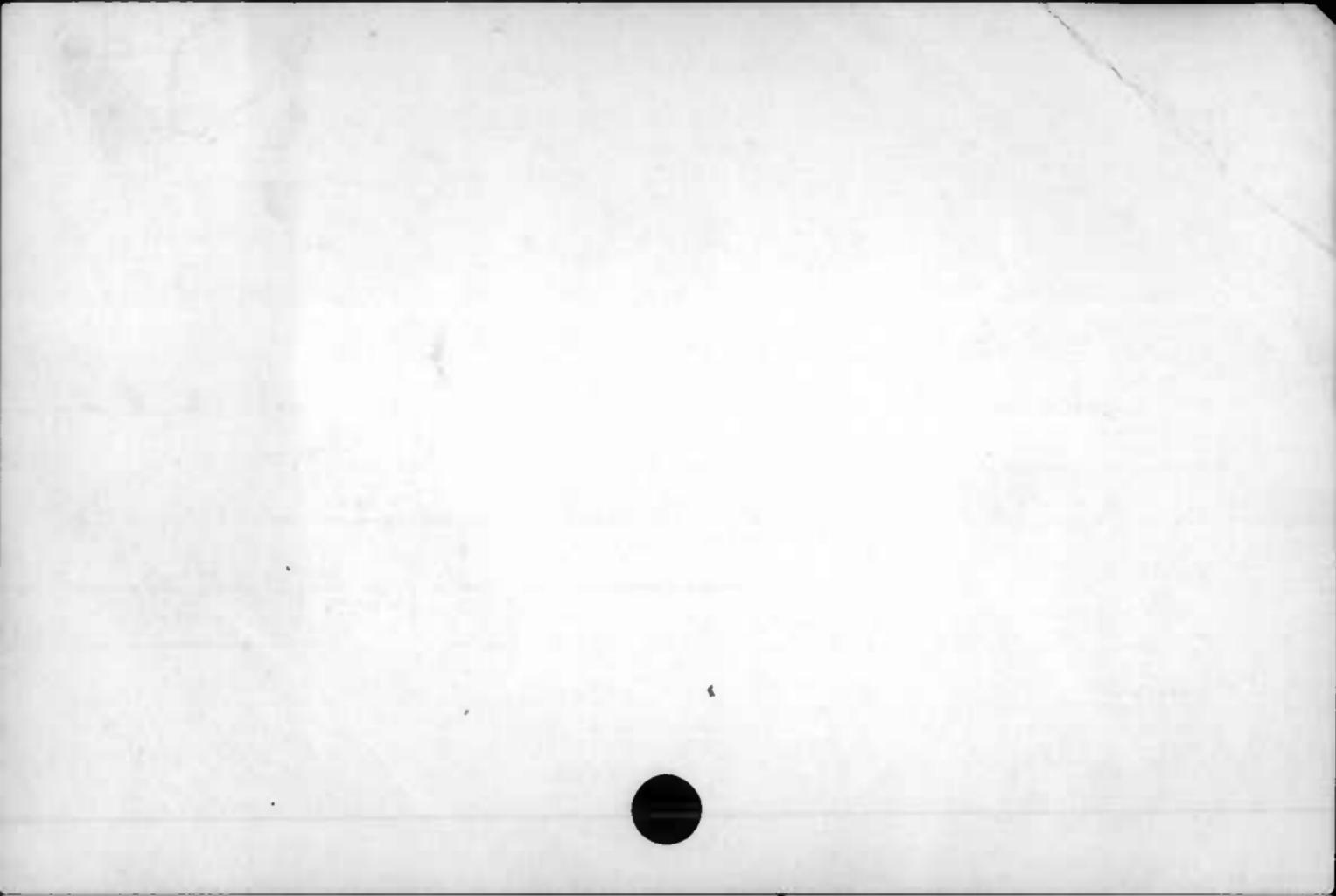
Signature of  
Physician

Address

Chas. A. Holland  
Whaleyville

Accident or Suicide?

Accident



Name  
In  
Full

Sallie A. Cantwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Salisbury</b>		Town	County <b>Wicomico</b>		MARYLAND	
Date of death <b>1907</b>	Month <b>Nov.</b>	Day <b>18<sup>th</sup></b>	Age <b>70</b>	Years	Months <b>2</b>	Days <b>7</b>
Sex <b>Female</b>	Color or Race <b>White</b>	Birthplace <b>Wicomico Co. Md.</b>				
Occupation <b>Housekeeper</b>	Where Residing if not at place of death <b>At Wagland Wic. Co. Md.</b>					
Married, Single or Widowed <b>Widow</b>	Name of Wife or Husband <b>Noah Cantwell</b>	Father's Birthplace <b>Maryland</b>				
Father's Name <b>Solomon Layfield</b>	Mother's Birthplace <b>"</b>					
Mother's Maiden Name <b>Eliza Fox</b>	How related to deceased <b>Daughter</b>					
Name of person giving information <b>Mrs. Mary E. Cantwell</b>						

CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary

Unknown

How long

Immediate

A sudden, found in bed early morning,

How long

Are the name, age, sex, color, date and place correctly given above?

yes

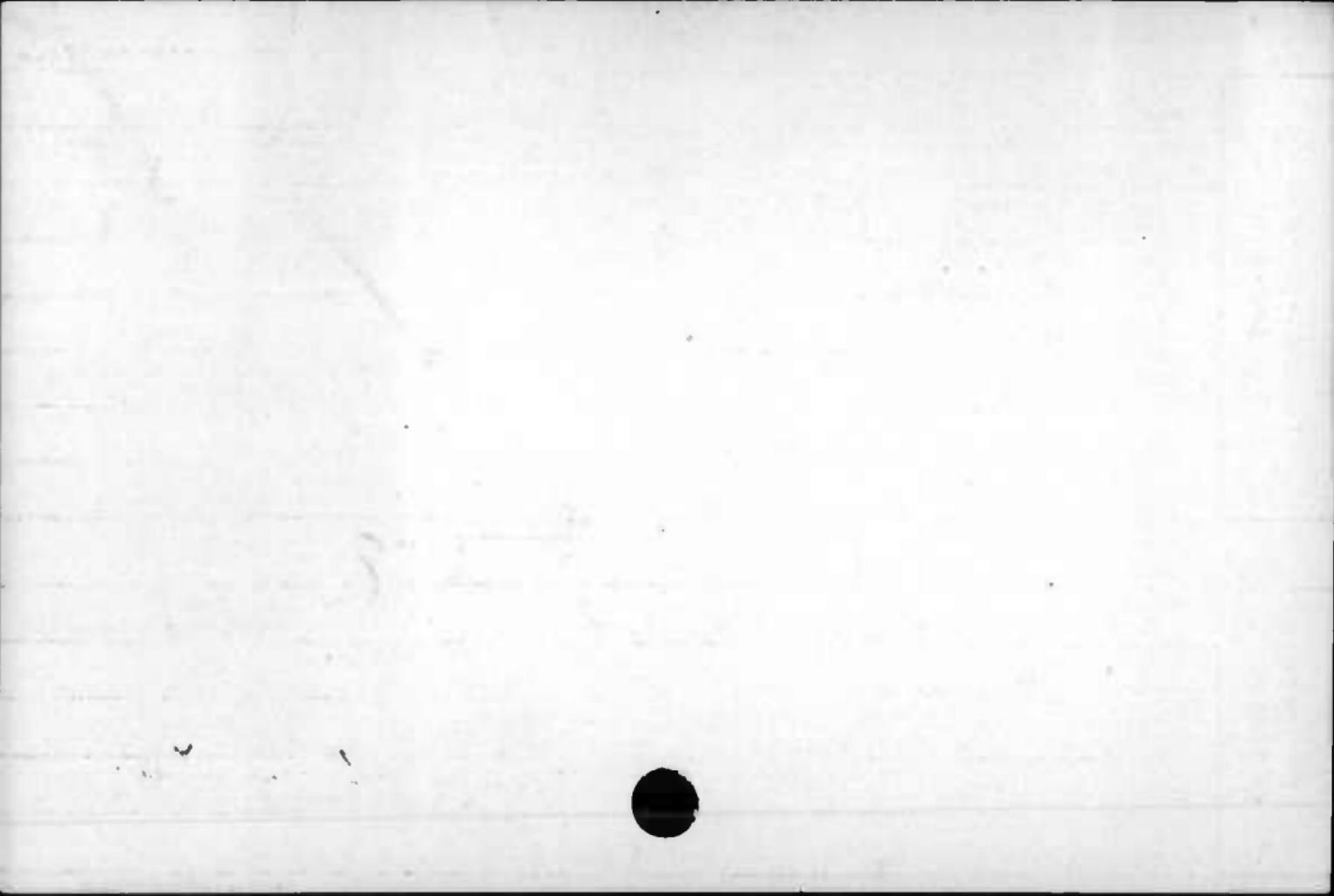
Signature of Physician

F. M. Glemons M.D.

Address

Salisbury, Md.

Accident or Suicide?



Name  
in  
Full

Moses J. Dashill

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1907	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Anna M. Dashill			
Father's Name	Moses Dashill				
Mother's Maiden Name	Mary Lowe				
Name of person giving information	Anna M. Dashill				

CAUSES OF DEATH

27

Primary

Pulmonary Phthisis

How long

Don't know

Immediate

Name -

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Mary C Tull

Salisbury, Md.

0

Accident or Suicide?

(over -)

I did not see one within few days ago -  
He also had mites regurg. - W. Trull.

Name  
in  
Full

Elijah Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

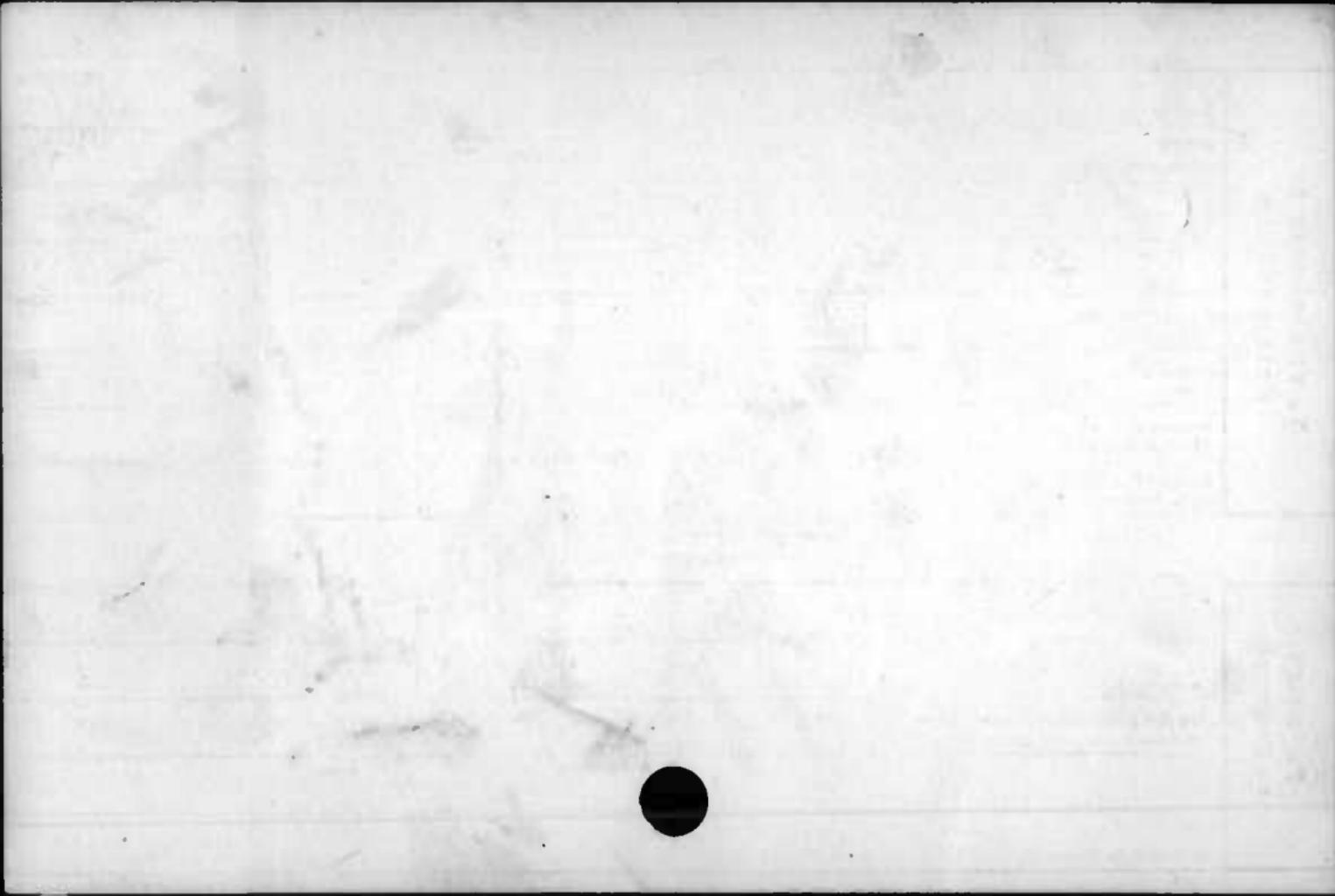
Died at	Town	County	MARYLAND			
Date of death	Month	Year	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William James Davis					Father's Birthplace
Mother's Maiden Name	Elizabeth Parker					Mother's Birthplace
Name of person giving information	Robert K. Jones					How related to deceased

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Aortic Insufficiency		
Immediate	Liquor necrosis of the Stomach		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. G. H. Elliott.
		Address	Parsonsburg, Wisconsin Co. Md.
Accident or Suicide?			



Name  
in  
Full

Edward J. Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Spring Hill Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Arabelle Fowler		
Father's Name	Handy Fowler				
Mother's Maiden Name	Aurelia Toadvine				
Name of person giving information	Mrs. Arabelle Fowler				

27

PHYSICIAN  
OR CORONER

Primary	CAUSES OF DEATH		
Subenulosis	How long		
Ex haematuria	1 year?		
Immediate	How long		
Are the name, age, sex, color, date and place correctly given above?	1 year?		
Yrs	Signature of Physician	Address	
	Geo. W. Todd	Salisbury Md	
6			
Accident or Suicide?			



Name  
in  
Full

Thomas J. Hayman

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Salisbury	Town	County	MARYLAND	
Date of death	1907	Month Nov	Day 14	Age 77	Years Months 11 Days
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Farmer & Mason			Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband			Mary M. Hayman	
Father's Name	James D. Hayman			Father's Birthplace	Md
Mother's Maiden Name	Eleanor Pallitt			Mother's Birthplace	Md
Name of person giving information	Ida Gilbert			How related to deceased	Daughter

CAUSES OF DEATH

106

How long

several months

How long

several days

PHYSICIAN  
OR CORONER

Primary

Chronic Diarrhea

Immediate causation

of Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

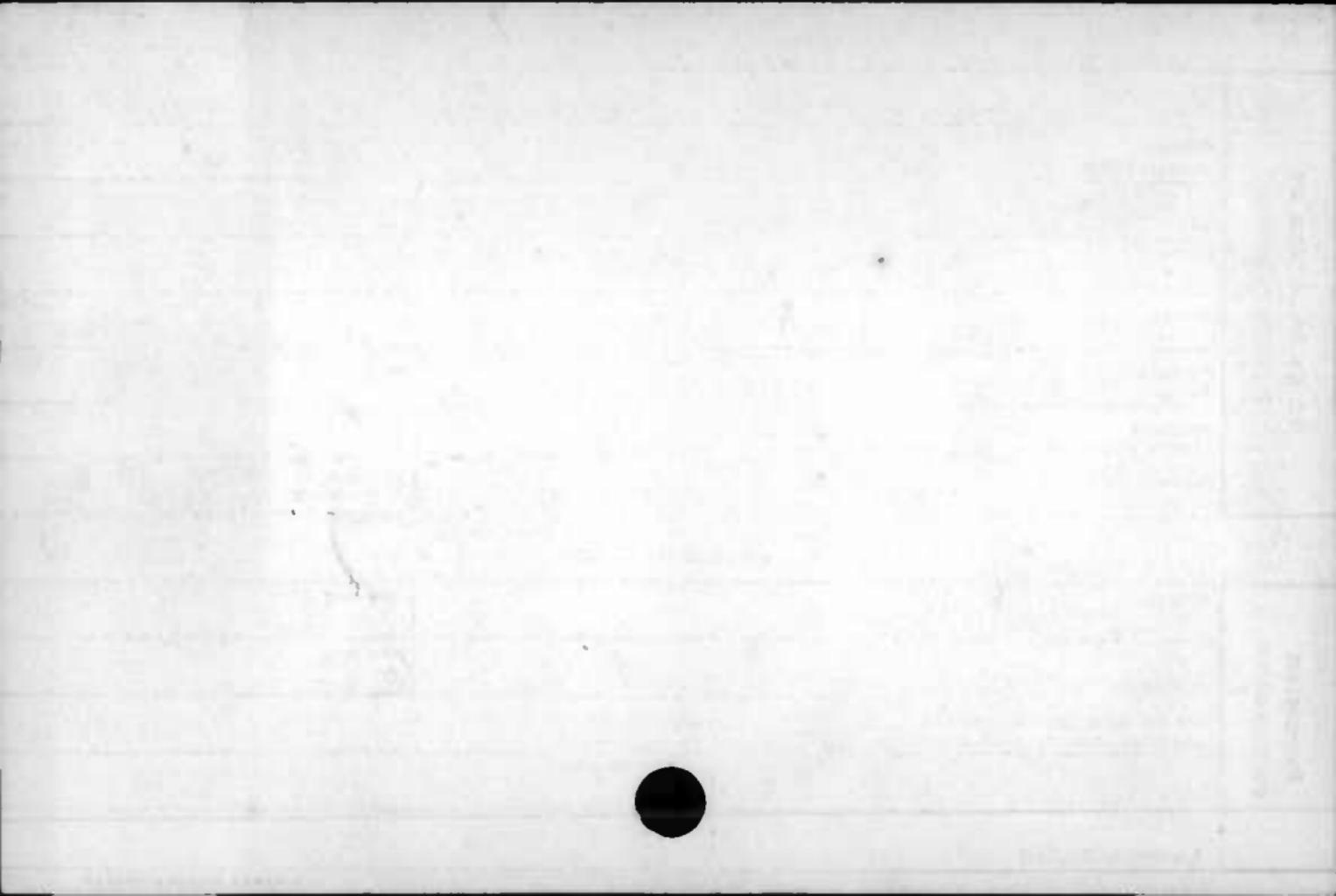
Signature of Physician

Z. M. Stevens M. D.

Address

Salisbury  
Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Beatrice O Halland

Died at	Town	County	MARYLAND	
Died at	Salisbury	Wicomico	Months	Days
Date of death	1907 Nov 10	Age	1	27
Sex	Female	Color or Race	White	Birth-place
Occupation		Where Residing if not at place of death	Md	

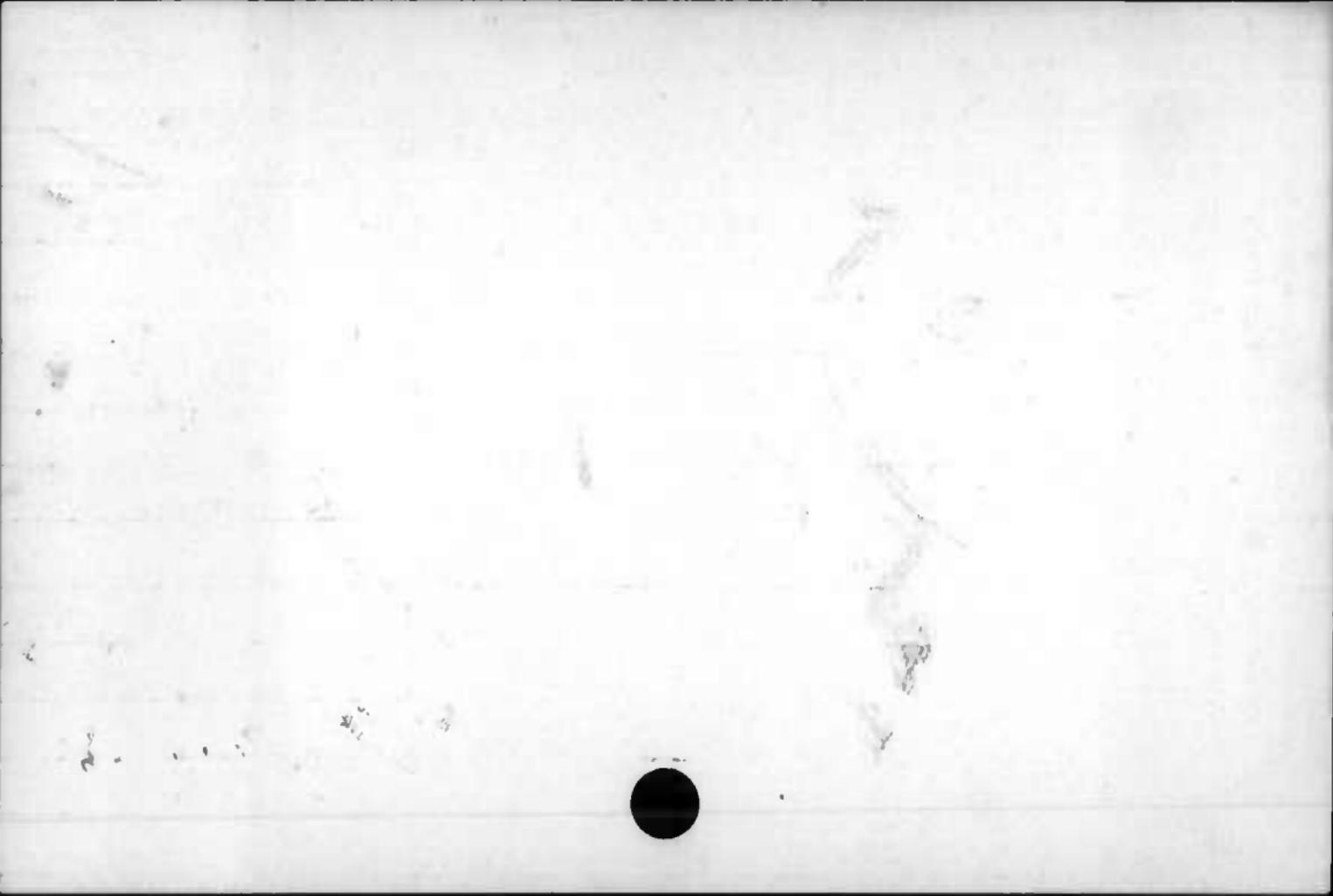
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Md
Father's Name	Charles J Halland	Mother's Birthplace	Md
Mother's Maiden Name	Gertie or Williams	How related to deceased	Father
Name of person giving information	Charles J Halland		

CAUSES OF DEATH

105

Primary	Enter Colitis with Purpura	How long	Months
Immediate	Anaemia of Brain Convulsions	How long	few hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. W. Todd
		Address	Salisbury Md
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
In  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant no name: Hopkins				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1907	Month Nov	Day 10	Years	Months	Days
Sex	male	Color or Race	white	Birth-place	Salisbury Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Levin T. Hopkins					Father's Birthplace
Mother's Maiden Name	Kizzie E. Murray					Mother's Birthplace
Name of person giving information	Levin T. Hopkins					How related to deceased
CAUSES OF DEATH						

Primary

How long

✓

Immediate

How long

✓

Are the name, age, sex, color, date and place correctly given above?

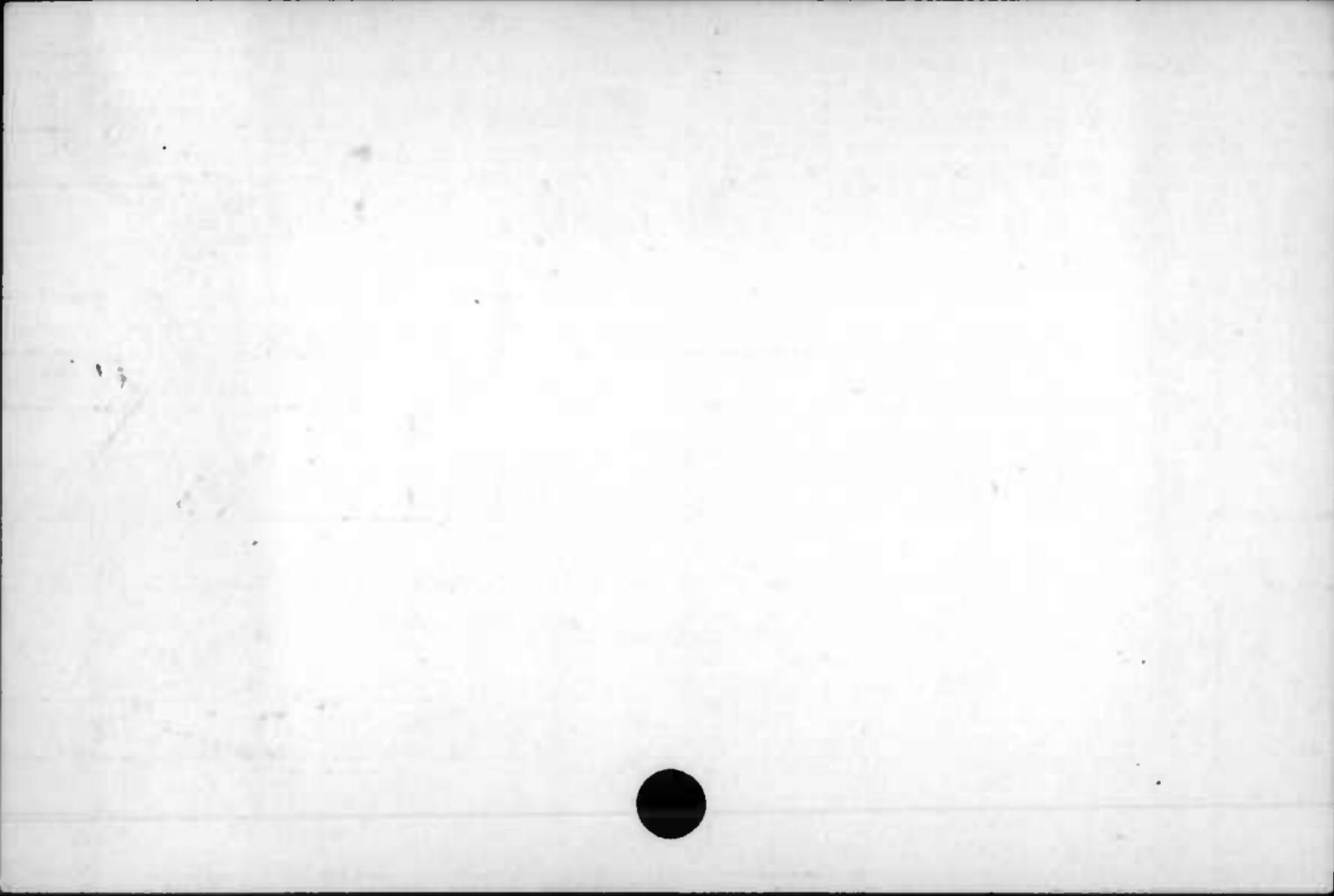
yes

Signature of Physician

Address

J. W. Stevens M.D.

Accident or Suicide?



Name  
in  
Full

Martha E. Hudson.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Fruitland</b>		Town	County <b>Wicomico</b>		MARYLAND	
Date of death <b>1907</b>	Month <b>Nov.</b>	Day <b>1</b>	Age <b>73</b>	Years	Months	Days
Sex <b>Female</b>	Color or Race <b>Black</b>	Birth-place <b>Ind</b>				
Occupation <b>Housework</b>	Where Residing if not at place of death					
Married, Single or Widowed <b>Widow</b>	Name of Husband <b>William E. Hudson</b>	Father's Birthplace <b>Ind</b>				
Father's Name <b>Joshua Webb</b>	Mother's Birthplace <b>Ind</b>					
Mother's Maiden Name <b>Don't know</b>	How related to deceased <b>Son.</b>					
Name of person giving information <b>William J. Hudson</b>						

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary

**Grippe & Hemiplegia right side - 8 or 10 days**

How long

Immediate

**Drapetoxin**

**3 or 4 days**

Are the name, age, sex, color, date and place correctly given above?

**yes**

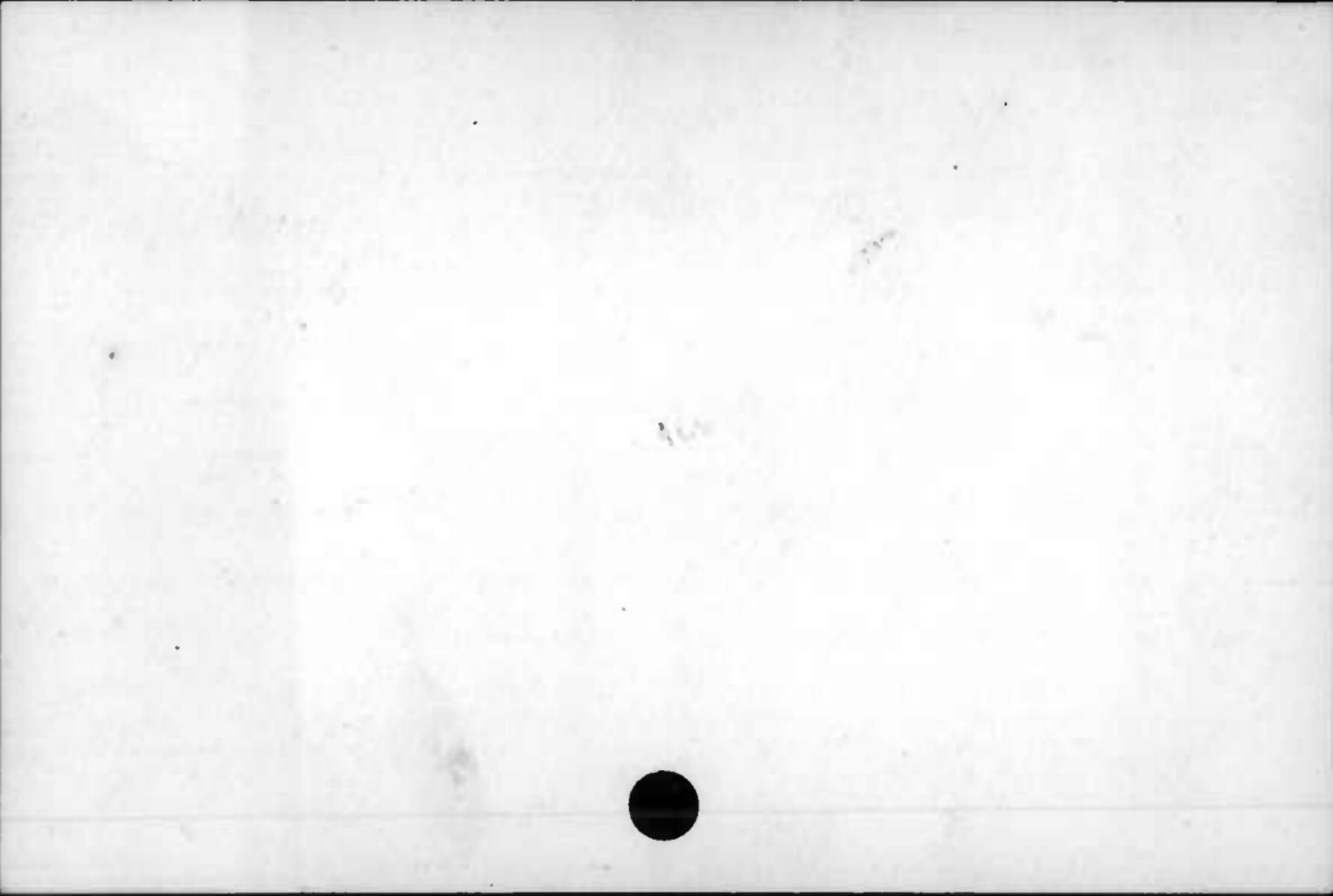
Signature of Physician

**F. M. Stevens M.D.**

Address

**Salisbury, Md.**

Accident or Suicide?



Name  
in  
Full

Eugene Washington Humphreys

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town

County

MARYLAND

Salisbury

Wicomico

Date  
of death

1907

Month

Nov

Day

24

Years

59

Months

5

Days

18

Sex

male

Color or  
Race

white

Birth-  
place

Salisbury

Occupation

Physician

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

May Josephine Humphreys

Father's  
Name

Humphrey Humphreys

Father's  
Birthplace

Salisbury

Mother's  
Maiden Name

Elizabeth Parsons

Mother's  
Birthplace

do

Name of person giving  
Information

Dr. F. Humphreys

How related  
to deceased

Son

CAUSES OF DEATH

119

Primary

Acute Bright Disease & Pneumonia

How long

15 days

Immediate

Pulmonary Embolism

How long

very short time

Are the name, age, sex, color, date  
and place correctly given above?

yes

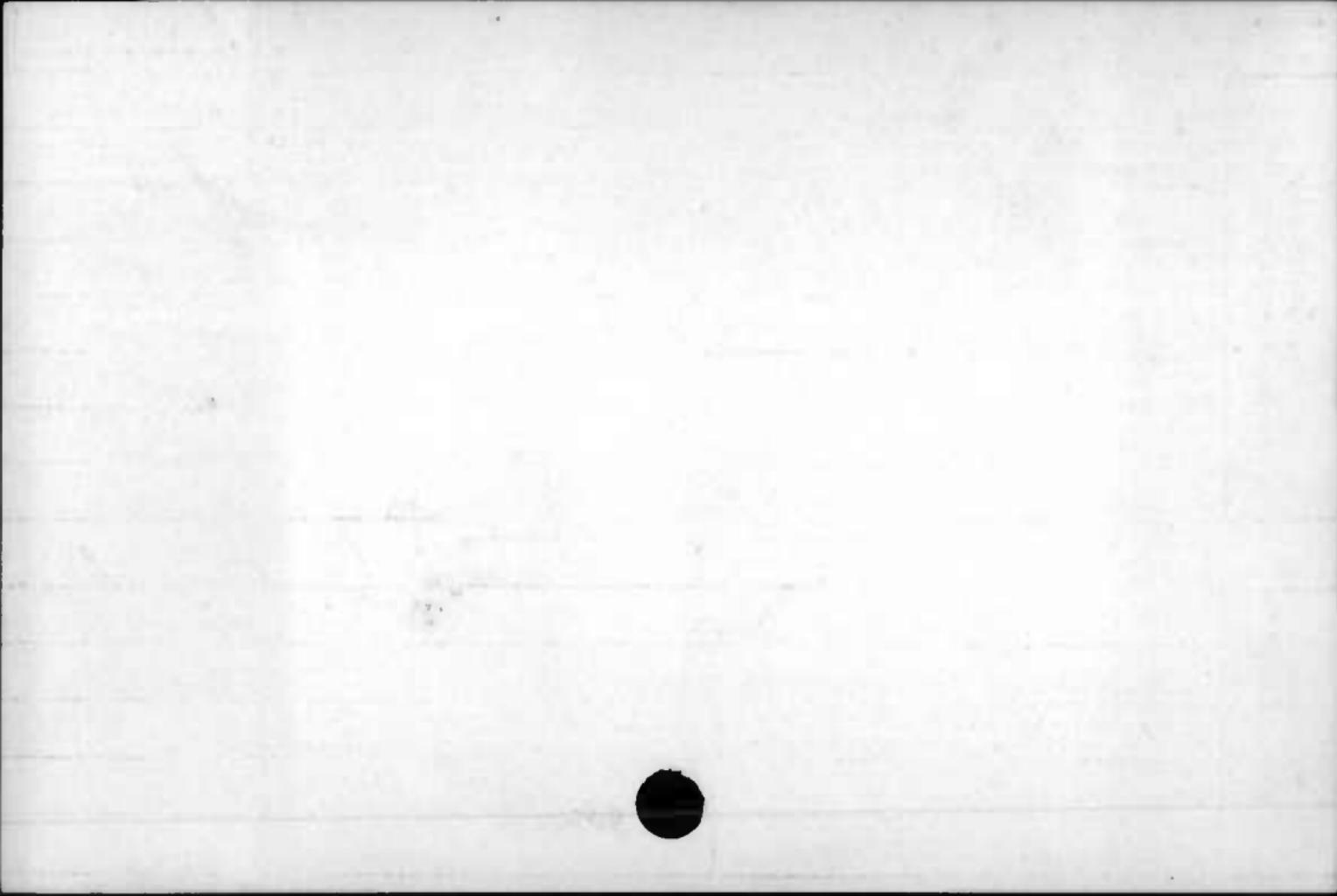
Signature of  
Physician

Address

James Wicomico Md.

Salisbury

Accident or Suicide?



Name  
in  
Full

Sadie Virginia Humphreys

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died et Date of death	Town Month Year	County Day Age Years	MARYLAND	
Died et Date of death	1907 Nov. 12	Age 30	Months	Days
Sex	Female	Color or Race	Birth- place	
Occupation	House-works		Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	7 Emory Humphreys Hebron - Md	
Father's Name	A. T. Owens			
Mother's Maiden Name	Elizabeth Dijoy.			
Name of person giving Information	Y. Emory Humphreys			

## CAUSES OF DEATH

27

How long

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Tuberculosis

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

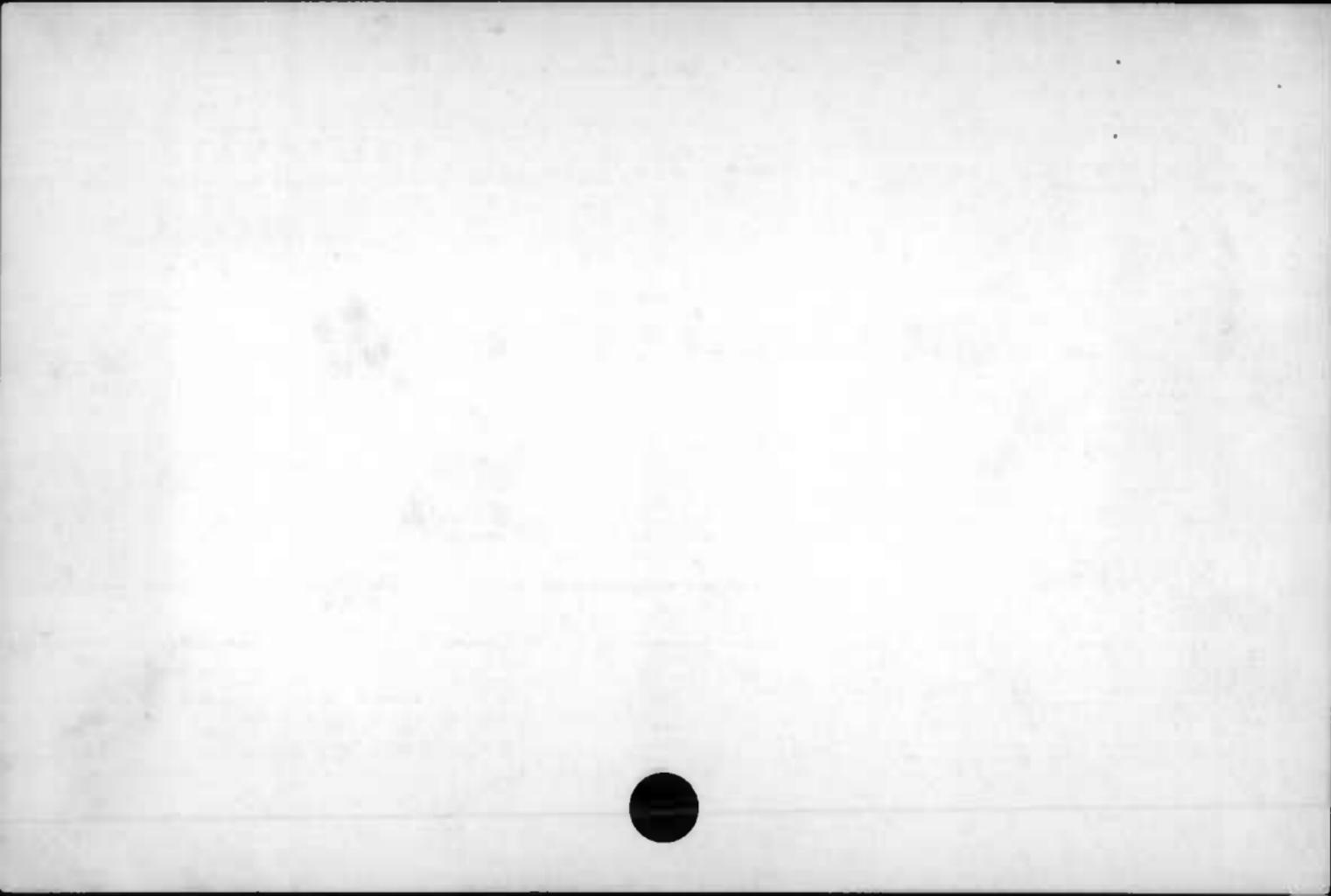
Address

H. G. Conaway

Hebron

Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

Died at <u>Waukegan</u> Town		County <u>Waukegan</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>10</u>	Age <u>45</u>	Months <u>14</u>	Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>old</u>	Birth-place <u>Everywhere</u>			
Occupation <u>Housekeeper</u>	Where Residing if not et place of death <u>14</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Robert Jones</u>	Father's Birthplace <u>"</u>			
Father's Name <u>Robert Jones</u>	Mother's Birthplace <u>"</u>				How related to deceased <u>Daughter</u>
Mother's Maiden Name <u>Lizzie Convey</u>					
Name of person giving information <u>Lizzie Convey</u>					

CAUSES OF DEATH

177

Primary

How long

Immediate

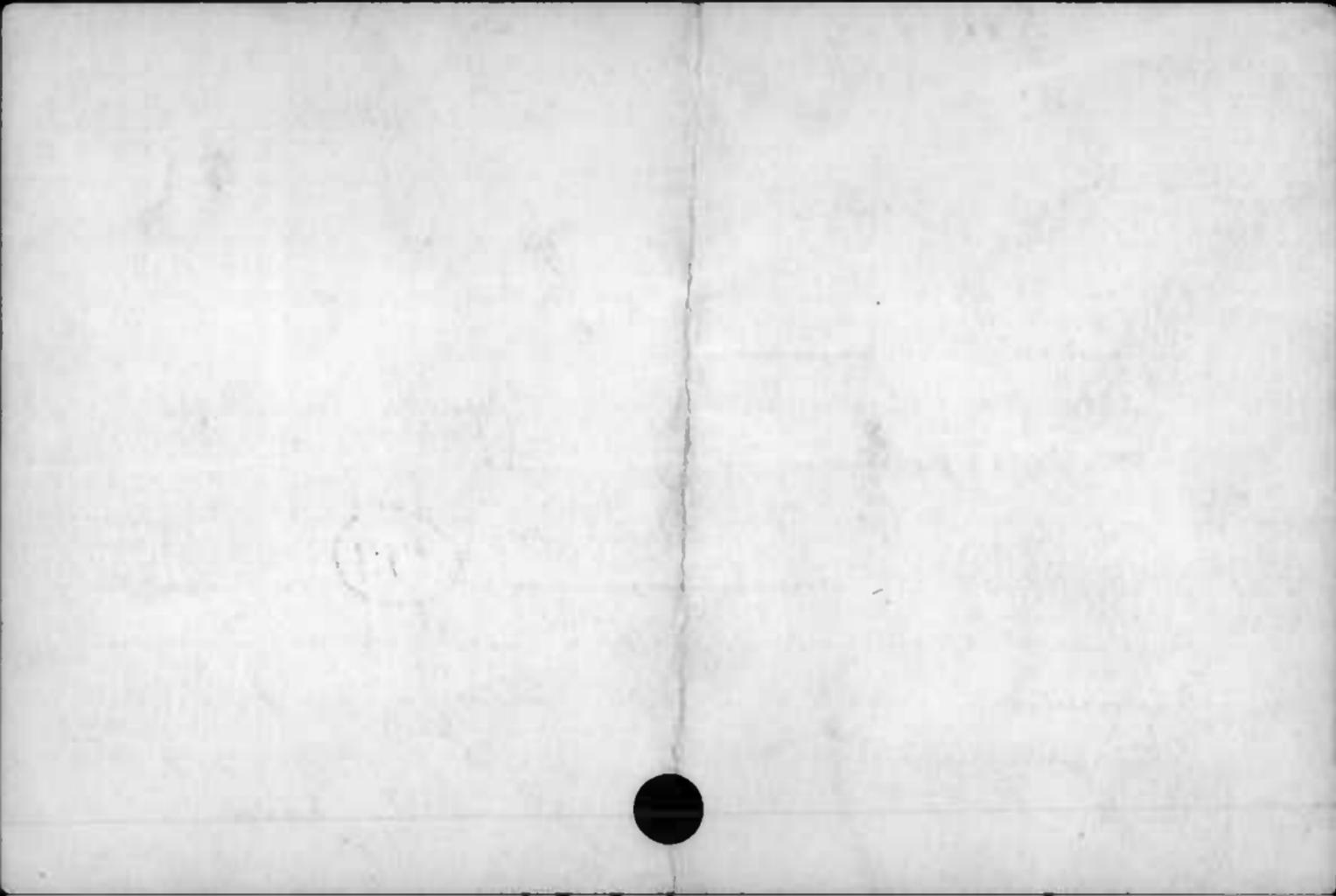
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Benjamin P. Leverage

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

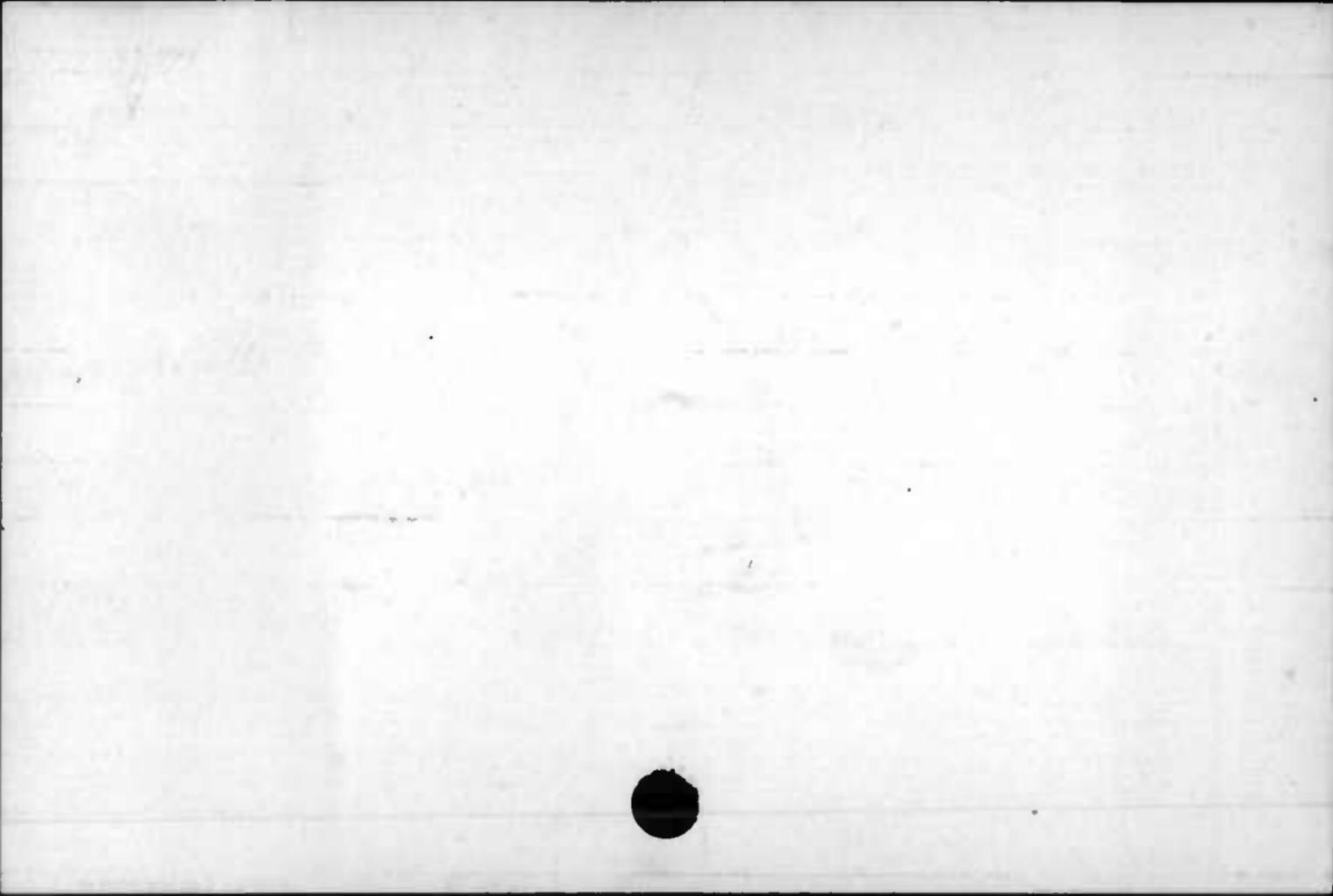
Died at	Near Allen		County	Maryland		
Date of death	1907	Month Nov.	Day 27	Age 70	Years 0	Months 0
Sex	Male	Color or Race	White	Birth-place	Pennsylvania	
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary E. Leverage		Father's Birthplace	Not known
Father's Name	Not Known				Mother's Birthplace	" "
Mother's Maiden Name	Not Known				How related to deceased	None
Name of person giving information	Joseph E. Parker					

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary			How long
Immediate	Sapopley		6 or 8 turns
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		J. J. Long
yes	Address		Fallout
Accident or Suicide?	2nd		



Name  
in  
Full

Howard Mills

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
1907	Nov.	7th	Age	5
Sex	Pale	Color or Race	White	Birth-place
Occupation	None	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	None	
Father's Name	Lea Lafayette Mills	Father's Birthplace	Md.	
Mother's Maiden Name	Mary E. Disharoon	Mother's Birthplace	Del.	
Name of person giving Information	Thomas B. Disharoon	How related to deceased	Grandfather	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marasmus

(179)

pernicious

Immediate

Inanition

several days

Are the name, age, sex, color, date and place correctly given above?

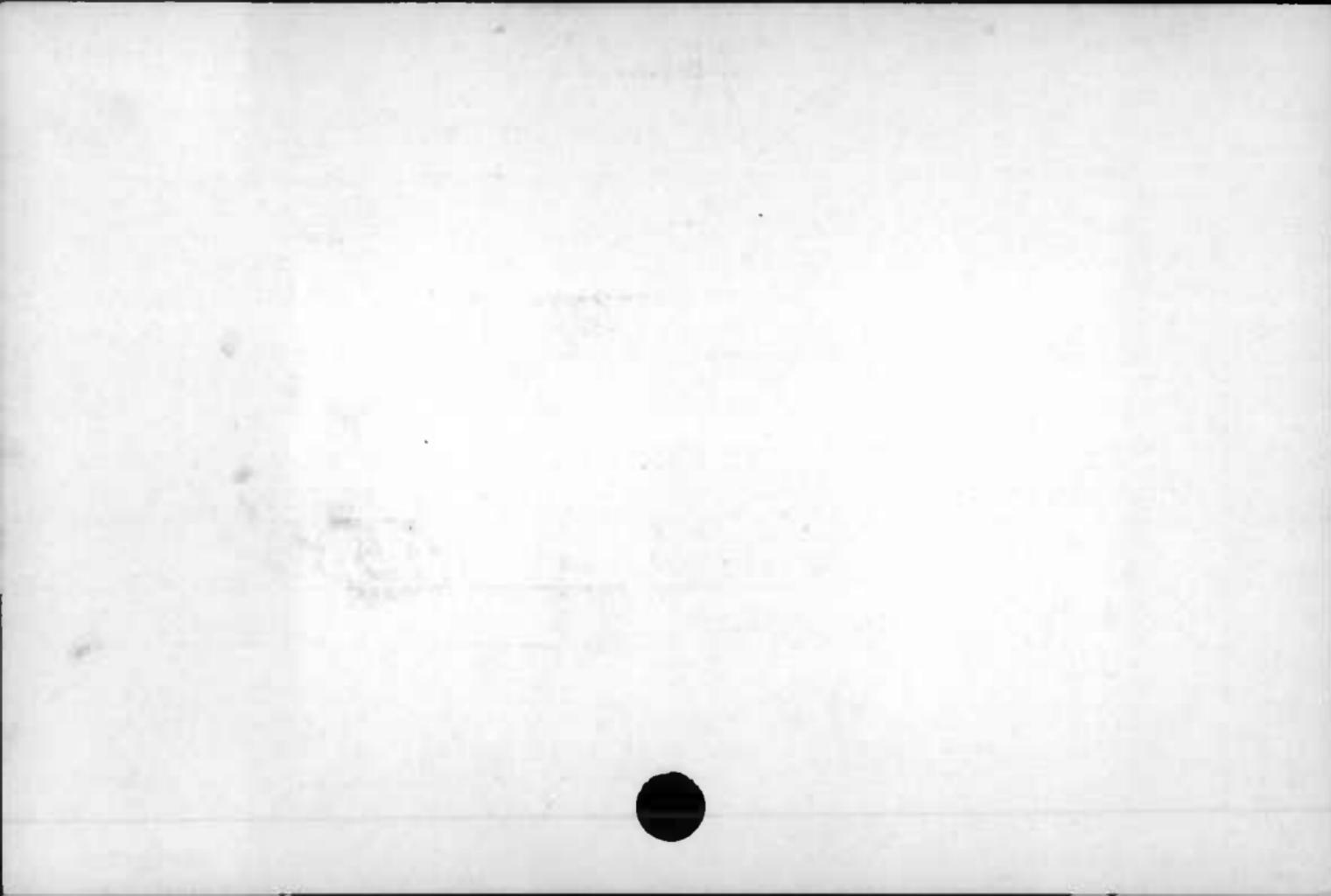
Signature of Physician

Address

F. M. Glanons M.D.

Dalibury, Md

Accident or Suicide?



Name  
In  
Full

Roger Parker

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> Town		County <u>Wicomico</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>2</u>	Years <u>4</u>	Months	Days
Sex <u>male</u>	Color or Race <u>Black</u>	Birthplace <u>Ind</u>			
Occupation		Where Residing if not at place of death			

Married, Single or Widowed —

Name of Wife or Husband

Father's Name Walter Parker

Father's Birthplace Ind

Mother's Maiden Name Sarah Gale

Mother's Birthplace Mo.

Name of person giving Information Sarah Gale

How related to deceased Brother

CAUSES OF DEATH

93

Primary

Pneumonia

How long

6 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Harry Cull  
Salisbury Md

PHYSICIAN  
OR CORONER

Accident or Suicide?

! 11

Name  
in  
Full

Hannah E. Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1907	Month Nov.	Day 4 <sup>th</sup>	Years 36	Months 0	Days 0
Sex	Female	Color or Race	White	Birth-place	Wicomico Co. Md.	
Occupation	Housekeeper		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	none	Father's Birthplace	" " "	
Father's Name	Elijah H. Parsons			Mother's Birthplace	Worcester Co. Md.	
Mother's Maiden Name	Rebecca Shockley			How related to deceased	Sister	
Name of person giving information	Arona Hudson					

CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

How long

12 days

Immediate

Hemorrhage of bowels

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

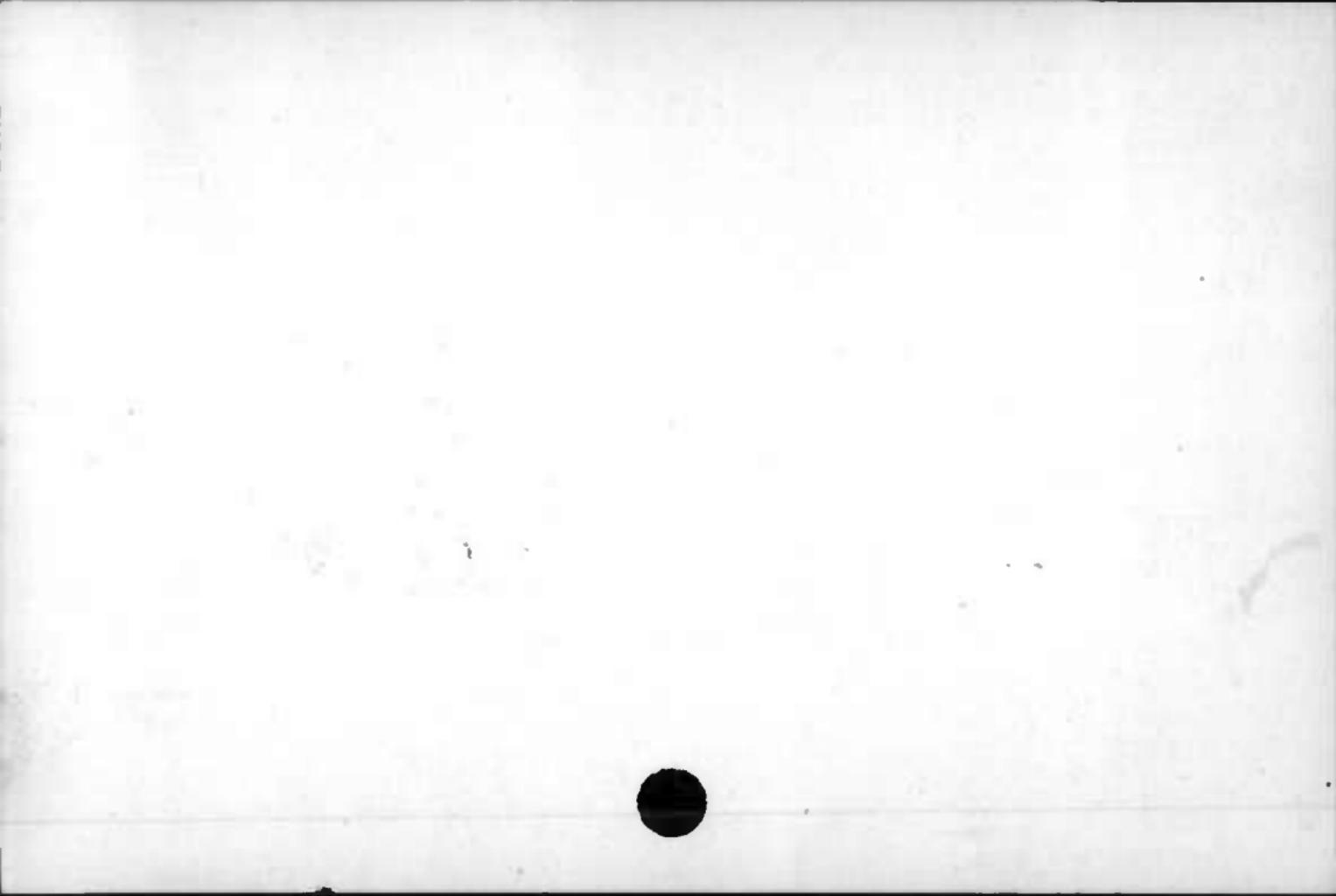
Signature of Physician

Geo. W. Ladd

Address

Salisbury Md

Accident or Suicide?

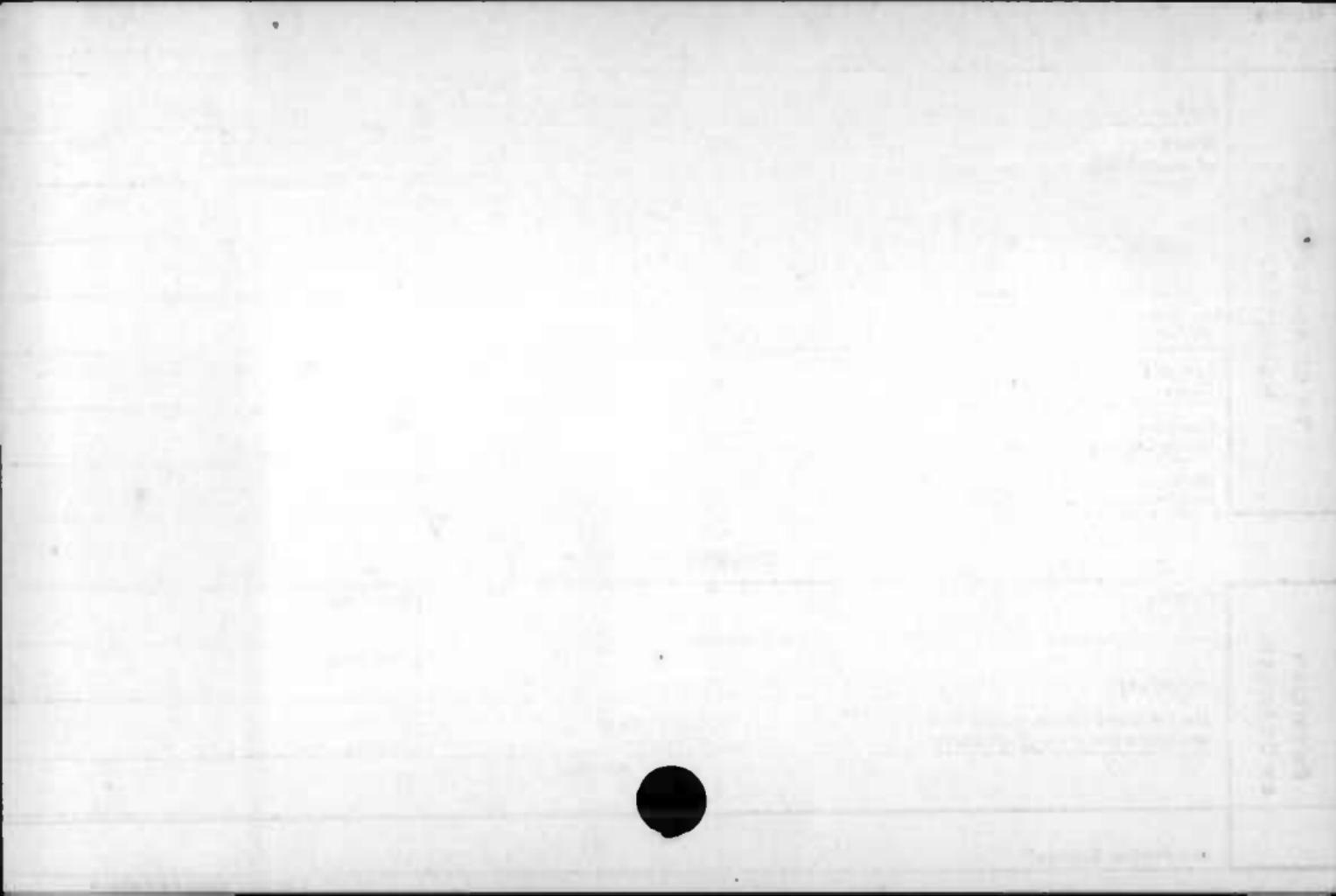


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<i>Jessie L Shockley</i>				CERTIFICATE OF DEATH			
Died at <i>Salisbury</i>		Town	County <i>Mecklenburg</i>		MARYLAND		
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>27</i>	Age <i>44</i>	Years <i>4</i>	Months <i>4</i>	Days	
Sex <i>male</i>	Color or Race <i>Black</i>	Birth-place <i>Md</i>					
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	<i>Henry Shockley</i>		Father's Birthplace		<i>Md</i>		
Mother's Maiden Name	<i>Lula Collins</i>		Mother's Birthplace		<i>Md</i>		
Name of person giving information	<i>Lula Collins</i>		How related to deceased		<i>Mother</i>		
CAUSES OF DEATH							
Primary	<i>Pertussis</i>		18	How long	<i>6 weeks</i>		
Immediate	<i>Bronch. congestion</i>			How long	<i>4 days</i>		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	<i>Dr. Alton B. Porter</i>			
			Address	<i>Salisbury, Md.</i>			
Accident or Suicide?							



Name  
in  
Full

Charles Ralph Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died et Date of death	Town Month	Day	Years	County	MARYLAND
1907 Nov	3		Age	9 Months	2 Days
Sex	male	Color or Race	white	Birth-place	Salisbury Md
Occupation	—	Where Residing if not at place of death	—		
Married, Single or Widowed	—	Name of Wife or Husband	—		
Father's Name	Washington Smith	Father's Birthplace	—	Abel	
Mother's Maiden Name	Grena Lewis	Mother's Birthplace	—	Md	
Name of person giving Information	Washington Smith	How related deceased	61	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

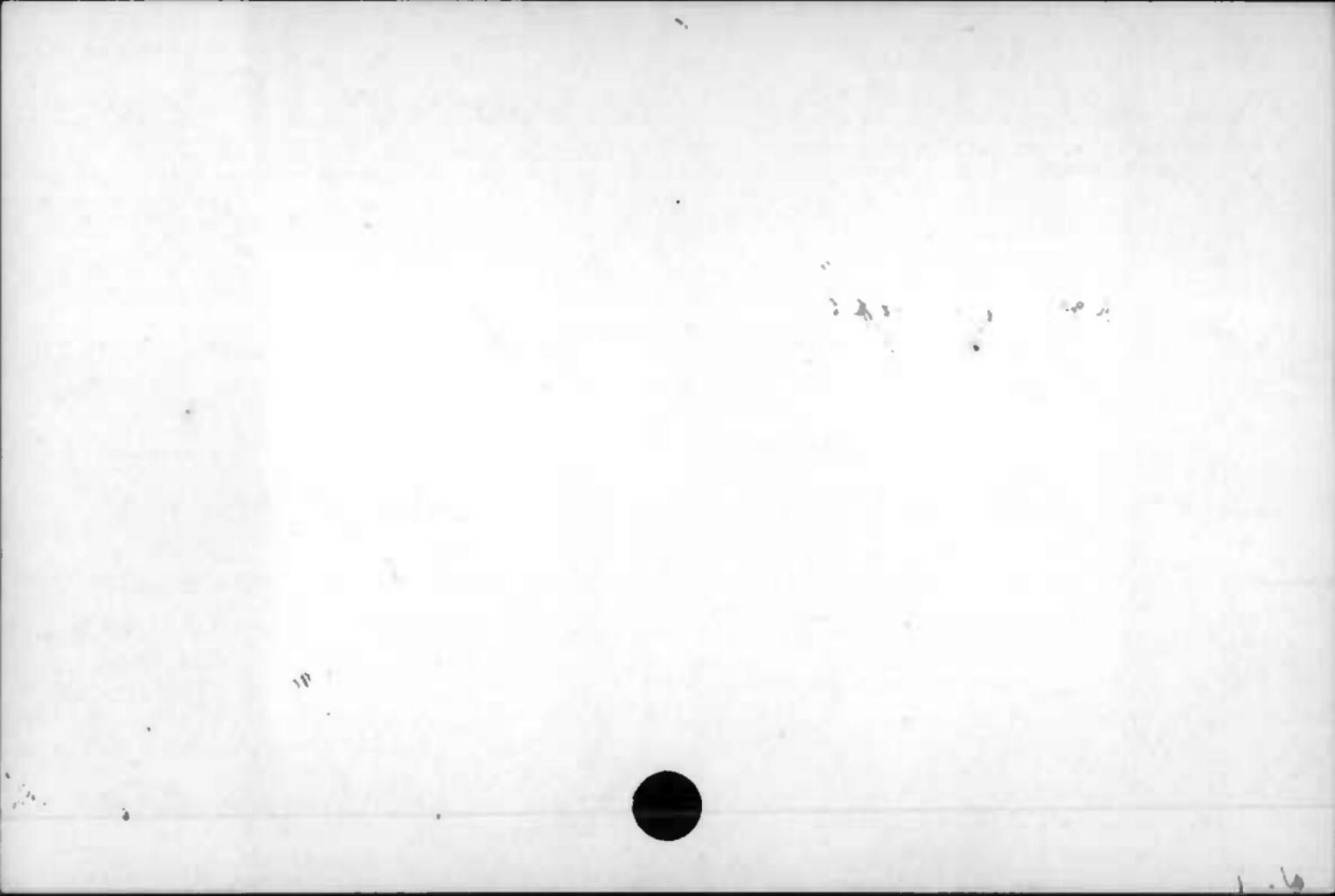
2 1/2 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

Mary Ann Truett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Near Powellville		Wiromiss				
Date of death	1907	Month 11	Day 15	Age 71	Years	Months Days
Sex	Female	Color or Race	white	Near Powellville		
Occupation	Housewife	Where Residing if not at place of death			Near Powellville	
Married, Single or Widowed	Married	Name of Wife Husband	Elijah James Truett	Near Powellville		
Father's Name	William Wimbow	Father's Birthplace			Near Powellville	
Mother's Maiden Name	Sally Wimbow	Mother's Birthplace			" "	
Name of person giving Information	Geo W Truett	How related to deceased			Son	

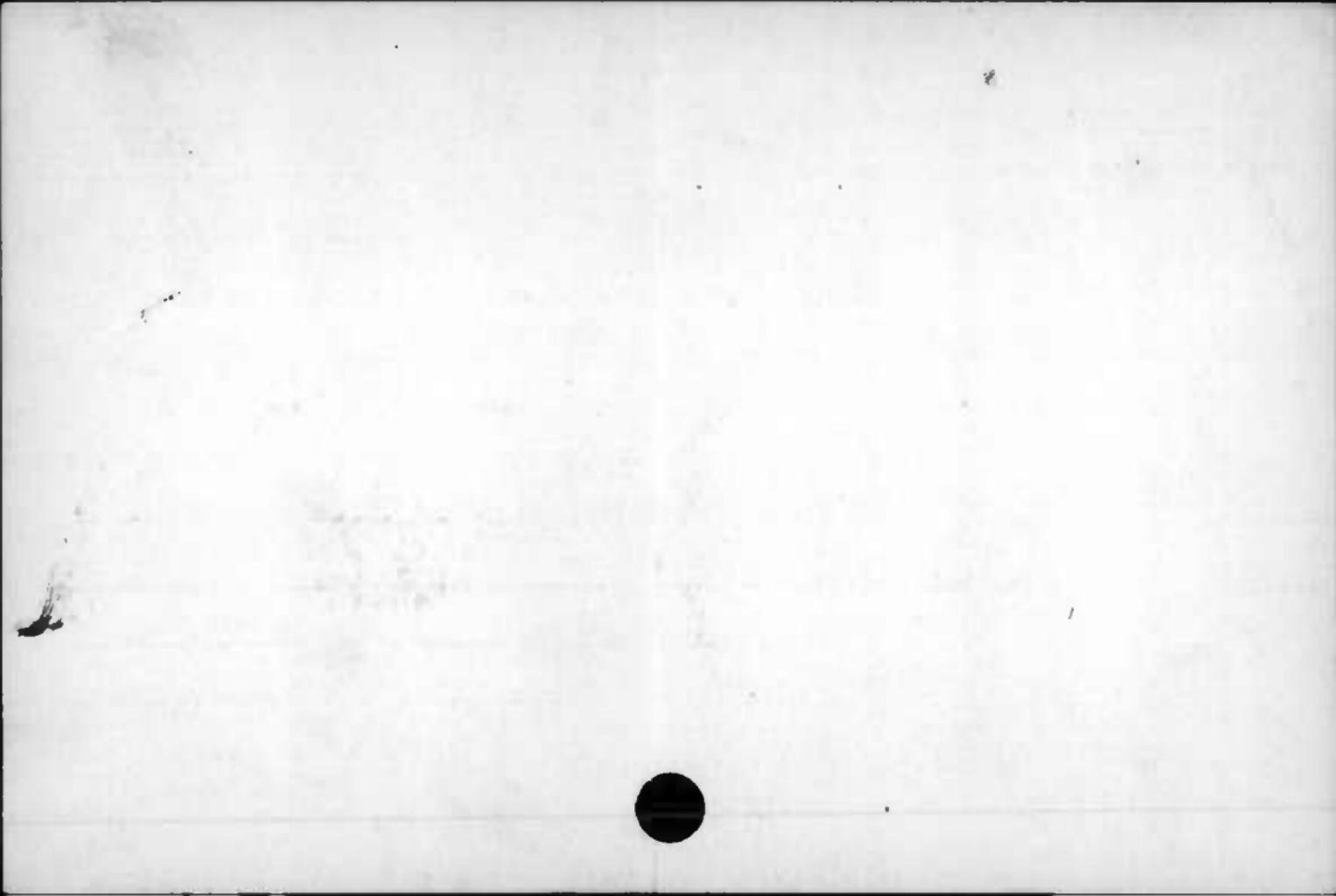
CAUSES OF DEATH

167

Primary	Burns of Second Degree	How long	3 days
Immediate	Shock	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C A Holland
		Address	Whaleyville Md

B.R.

Accident



Joshua J. Ward

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Wicomico Co., Md.			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Ellen Ward				
Father's Name	Jenkins Ward					Father's Birthplace
Mother's Maiden Name	Polly Stigis					Mother's Birthplace
Name of person giving Information	Joseph H. Mimrow					How related to deceased

CAUSES OF DEATH

154

Primary

old Age

1 year

Immediate

Congestion of the lungs

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

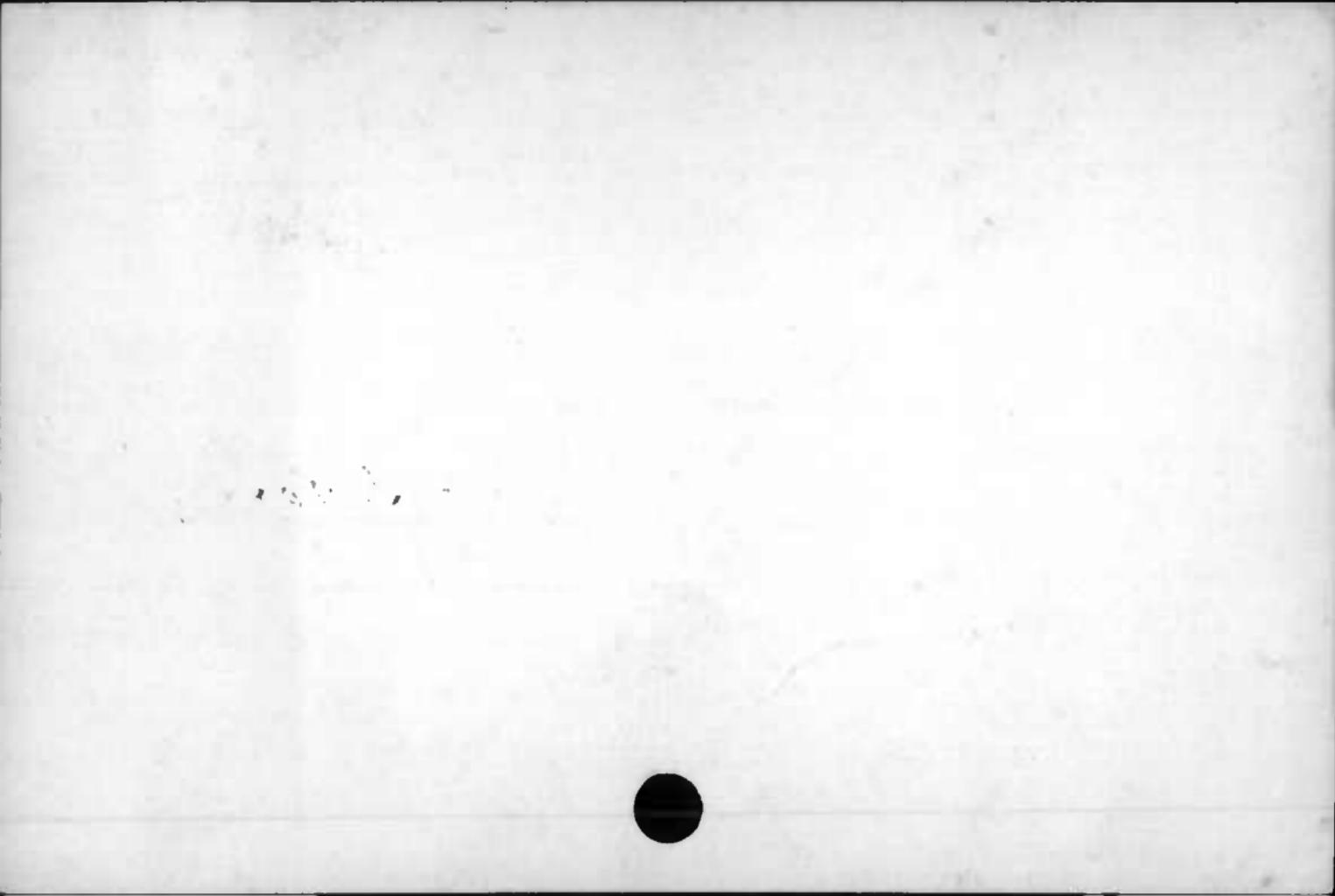
Address

Dr. G. St. Truett

Parsonsburg Md.

Wicomico Co. Md.

Accident or Suicide?



Name  
in  
Full

Macalvin Miles

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Nov	Day 3	Years	Months	Days
Sex	Female	Color or Race	White	Where Residing if not at place of death	Birthplace	
Occupation						Wei co
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	Wei co	
Father's Name		Noah Miles		Mother's Birthplace	Wei co	
Mother's Maiden Name		Adell Malous		How related to deceased	Father	
Name of person giving information		Noah Miles		How long	1 week	

CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. S. Long  
Allentown

Accident or Suicide?

